

<b>DEPARTMENT OF DEFENSE PROGRAM MANAGER/ DEPUTY PROGRAM MANAGER - WAIVER REQUEST</b>				<b>REPORT CONTROL SYMBOL</b>	
<b>COMPONENT/ORGANIZATION</b>					
<b>1. TO</b> <i>(Component Acquisition Executive (CAE))</i>			<b>2. VIA</b> <i>(Director, Acquisition Career Management (DACM))</i>		
<b>3. COPY TO</b> <i>(USD(A)AET&amp;CD)</i>			<b>4. FROM</b> <i>(Organization and Address)</i>		
<b>IDENTIFICATION AND PERSONAL DATA</b>					
<b>5. NAME</b> <i>(Last, First, Middle Initial)</i>			<b>6. GRADE/RANK</b>		<b>7. SSN</b>
<b>8. ACQUISITION CAREER FIELD</b>		<b>9. OCCUPATIONAL SERIES/SPECIALTY</b>		<b>10. CURRENT POSITION TITLE</b>	
<b>11. POSITION NUMBER</b>	<b>12. ACQUISITION PROGRAM</b>	<b>13. POSITION</b> <i>(X one)</i>			
		<input type="checkbox"/> MAJOR DEFENSE ACQUISITION PROGRAM (ACAT I) <input type="checkbox"/> SIGNIFICANT NON-MAJOR DEFENSE ACQUISITION PROGRAM			
<b>14. MILESTONE STATUS/DATE</b> <i>(YYMM)</i>		<b>15. APPOINTMENT TO</b> <i>(X one)</i>			
		<input type="checkbox"/> PROGRAM MANAGER		<input type="checkbox"/> DEPUTY PROGRAM MANAGER	
<b>WAIVER REQUEST</b>					
<b>16. FOR MAJOR DEFENSE ACQUISITION PROGRAM (ACAT I)</b> <i>(X one or more)</i>					
<input type="checkbox"/> NON PROGRAM MANAGEMENT COURSE GRADUATE		<input type="checkbox"/> ABSENCE OF TWO YEARS' EXPERIENCE IN A SYSTEMS PROGRAM OFFICE OR EQUIVALENT		<input type="checkbox"/> ABSENCE OF EIGHT YEARS' ACQUISITION EXPERIENCE	
<b>17. FOR SIGNIFICANT NON-MAJOR DEFENSE ACQUISITION PROGRAM</b> <i>(X one or more)</i>				<b>18. ABSENCE OF ACQUISITION CORPS MEMBERSHIP</b> <i>(X if applicable)</i>	
<input type="checkbox"/> NON PROGRAM MANAGEMENT COURSE GRADUATE		<input type="checkbox"/> ABSENCE OF SIX YEARS' ACQUISITION EXPERIENCE		<input type="checkbox"/>	
<b>19. REQUEST BASED ON DETERMINATION THAT INDIVIDUAL POSSESSES THE FOLLOWING QUALIFICATIONS THAT OBTIATE THE NEED FOR MEETING THE EDUCATION, TRAINING AND EXPERIENCE REQUIREMENTS</b> <i>(Written narrative - use other side if needed)</i>					
<b>20. REQUESTING OFFICIAL</b>					
a. TYPED NAME		b. GRADE		c. ORGANIZATION	
d. SIGNATURE				e. DATE	
<b>21. APPROVING OFFICIAL</b> <i>(Acquisition Executive/DACM)</i>					
a. TYPED NAME		b. SIGNATURE			c. DATE